

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10341

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
912

(d) Street No. 916 Aubert Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William K. Callahan

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Meta Callahan

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 24, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>4</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Installer

11. Industry or business Davis Heating Company

MOTHER FATHER

12. Name William A. Callahan

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ida Snodgrass

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Meta Callahan

(b) Address 916 Aubert Avenue

17. (a) Burial (b) Date thereof Nov 29, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) NOV 29 1945 J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27, 1945
 year 6 hour 20 minute P M.

21. I hereby certify that I attended the deceased from 11-23-45
 _____, 19____, to 11-27-45, 19____;
 that I last saw him alive on 11-27-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Right lobe pneumonia

Due to _____

Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Hallinger (M. D. or other) _____

Address 5074 Main Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John G. Gorski

Licensed Embalmer No. *3398*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.